



BOX AF
RESPONSE UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 2624

03500.014654 (35.C14654)

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
Shigeo YAMAGATA, ET AL.)
Appln. No.: 09/628,023)
Filed: July 28, 2000)
For: IMAGE PROCESSING SYSTEM)
FOR PREVENTING FORGERY)
(AS AMENDED))
:

Examiner: T. Pham
Group Art Unit: 2624
September 23, 2004

RECEIVED
SEP 24 2004
Technology Center 2600

Mail Stop AF
Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL REJECTION

Sir:

In response to the final Office Action dated July 23, 2004, please amend the application as indicated below.

Please note that this Amendment is being submitted by the two month response date.



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BOX AF

In re Application of:

Shigeo YAMAGATA, ET AL.

Application No.: 09/628,023

Filed: July 28, 2000

For: IMAGE PROCESSING SYSTEM
FOR PREVENTING FORGERY
(AS AMENDED)

Mail Stop AF
Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment After Final Rejection in the above-identified application.

Additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	32	MINUS	63	= 0	x \$9 \$18	\$ -0-
INDEP. CLAIMS	6	MINUS	11	= 0	x \$42 \$84	\$ -0-
Fee for Multiple Dependent claims \$140°/\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ -0-

°Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$____ is enclosed.

Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.

A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.

Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants
Brian L. Klock
Registration No. 36,570

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